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HEALTH RELATED INSURANCE MANDATES

Contents are categorized by topic

CHILDREN

Newborn children covered from the moment of birth:

All policies providing coverage on a provision of service or an expense incurred basis shall also provide that the health insurance benefits applicable for children are payable with respect to newly born children of the insured or subscriber or a newly born child of a dependent child of the insured or subscriber from the moment of birth. Coverage for the newly born child shall consist of coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and abnormalities.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy may require that notification of the birth and payment of the required premium or fee must be furnished to the insurer within 31 days after the date of birth in order to have coverage continue after the 31-day period.

Unless the policy or contract specifically provides that grandchildren of the insured or subscriber are eligible for coverage, coverage for newly born children of a dependent child of the insured will not continue beyond the initial 31-day period following birth.

RSA 415:22, RSA 420-B: 8-j

Coverage of children during adoption proceedings:

All individual and group policies that provide coverage for a family member of the insured shall also provide that health insurance benefits applicable for children are also applicable to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding under the provisions of RSA 170-B. Such health insurance benefits shall terminate upon dismissal or withdrawal of the petition for adoption.

RSA 415:22-a, RSA 420-A: 15, RSA 420-B: 8-g

Coverage for Dental Procedures: Medical or Hospital Group:

Effective until January 1, 2004:

Each insurer that issues or renews any group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide benefits for children under the age of 4 who have a dental condition of significant dental complexity or for a person who has exceptional medical circumstances or a developmental disability; and who are residents of the State of NH, coverage for medically necessary hospital or surgical day care facility charges and administration of general anesthesia.

Effective January 1, 2004:

Each insurer that issues or renews any group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide benefits for children under the age of 6 who have a dental condition of significant dental complexity or for a person who has exceptional medical circumstances or a developmental disability; and who are residents of the State of NH, coverage for medically necessary hospital or surgical day care facility charges and administration of general anesthesia.

RSA 415:18-g, RSA 420-A: 17-b, RSA 420-B: 8-ee

Certain dental procedures performed at dental office:

Effective until January 1, 2004:

Each dental insurer or other similar entity, including Delta under RSA 420-F, that issues or renews any policy of group insurance providing benefits for oral surgical procedures, shall provide benefits for children under the age of 4 who have a dental condition of significant dental complexity or for a person who has exceptional medical circumstances or a developmental disability; and who are residents of the State of NH, coverage for the administration of general anesthesia for dental procedures performed in a dentist's office.

Effective January 1, 2004:

Each dental insurer or other similar entity, including Delta under RSA 420-F, that issues or renews any policy of group insurance providing benefits for oral surgical procedures, shall provide benefits for children under the age of 6 who have a dental condition of significant dental complexity or for a person who has exceptional medical circumstances or a developmental disability; and who are residents of the State of NH, coverage for the administration of general anesthesia for dental procedures performed in a dentist's office.

RSA 415:18-h

CLINICAL TRIALS

Coverage for qualified clinical trials:

All group hospital and medical expense policies, health service corporations, health maintenance organizations and managed care organization policies shall provide coverage for all medically necessary routine patient care costs incurred as a result of a treatment being provided in accordance with a clinical trial to the extent such costs would be covered by non-investigative treatments if the treatment is being provided or the studies are being conducted in a phase I, phase II, phase III or phase IV clinical trial for cancer or the treatment is being provided for any other life-threatening condition. Coverage for phase I or phase II clinical trials shall be decided on a case by case basis.

Coverage shall be required if:

1. treatment is being provided by an approved clinical trial

2. standard treatment has been or would be ineffective, does not exist, or there is no superior non-investigational treatment alternative

3. facility and personnel providing the treatment are capable of doing so by virtue of their experience

4. available clinical data provide a reasonable expectation that the treatment will be at least as effective as the non-investigational alternative

The provisions of this section shall not apply to policies paid under the federal Medicare program nor the state children's health insurance program.

RSA 415:18-l

DIABETES

Diabetes services and supplies:

Any individual, group or blanket policy or HMO contract that provides benefits for medical or hospital expenses shall provide to policy holders who are residents of this state, coverage for medically appropriate and necessary outpatient self-management training and educational services, pursuant to a written order off a primary care physician or practitioner. Required coverage includes, but is not limited to medical nutrition therapy for the treatment of diabetes, provided by a certified, registered or licensed health care professional with expertise in diabetes.

RSA 415:6-e, RSA 415:18-f, RSA 420-A: 17-a, RSA 420-B: 8-k

Diabetes treatments:

Any individual or group policy or contract that provides benefits for medical or hospital expenses which provide for durable medical equipment coverage shall provide for medically appropriate or necessary equipment used to treat diabetes subject to the terms and conditions of the policy.

RSA 415:6-e, RSA 415:18-f, RSA 420-A: 17-a, RSA 420-B: 8-k (also listed under Prescription Drugs)

MENTAL HEALTH

Coverage for certain biologically based mental illnesses:

Each insurer that issues or renews any policy of group or blanket accident or health insurance under RSA 415:18 and each nonprofit health service corporation under RSA 420-A and health maintenance organization under RSA 420-B providing benefits for disease or sickness in the State of New Hampshire shall provide benefits for treatment and diagnosis of certain mental illnesses as defined in most current Diagnostic and Statistical Manual (DSM):

Schizophrenia *and other psychotic disorders (to be added, effective 1/1/03**)***

1. Schizophrenia ***and other psychotic disorders (to be added effective 1/1/03)***
2. Schizoaffective disorder
3. Major depressive disorder
4. Bipolar disorder
5. **Paranoia and other psychotic disorders *(to be removed, effective1/1/03**)***
6. ***Anorexia nervosa and bulimia nervosa (to be added, effective 1/1/03**)***
7. Obsessive-compulsive disorder
8. Panic disorder
9. Pervasive developmental disorder or autism
10. ***Chronic post-traumatic stress disorder (to be added, effective 1/1/03)***

Coverage shall be under the same terms and conditions and which are no less extensive than coverage provided for any other type of health care for physical illness. The benefits required under this section begin when benefits provided under RSA 415:18-a and RSA 420-B: 8-b, as applicable are exhausted.

RSA 417-E: 1 III

Court ordered psychiatric and psychological services:

No policy issued shall contain a provision denying insurance benefits for psychiatric and psychological services solely because they have been ordered by the court. Benefits for services shall be subject to the same dollar limits, deductibles and co-pays, policy conditions and managed care provisions if applicable.

RSA 415:6-b; RSA 415:18-a VII; RSA 420-B: 8 II

Coverage for mental or nervous conditions and treatment for chemical dependency required:

Any group or blanket accident or health insurance policy providing benefits for medical or hospital expenses, shall provide to policy holders who are residents of the State of New Hampshire, and whose principle place of employment is in this state, coverage for expenses arising from the treatment of mental illness and emotional disorders which are subject to significant improvement through short-term therapy, and benefits for expenses arising from diagnosis and evaluation of all other mental illnesses and emotion disorders.

In the case of policies providing benefits for hospital and medical expenses on a major medical basis, benefits arising from the treatment, diagnosis and evaluation of mental illnesses and disorders shall be subject to deductibles and coinsurance at least as favorable as those which apply to the benefits for any other illness, provided that benefits payable for expenses incurred in any consecutive 12-month period may be limited to an amount not less than $3,000 per covered individual, and to a lifetime maximum of not less than $10,000 per covered individual.

RSA 415:18-a IV (a)

Any group or blanket accident or health insurance policy providing benefits for medical or hospital expenses, shall include coverage for expenses arising from the treatment for chemical dependency including alcoholism and shall include both an inpatient and outpatient benefit for detoxification and rehabilitation. (To be added effective 1/1/03)

RSA 415:18-a I(c)

Health Maintenance Organization benefits for mental and nervous conditions and treatment for chemical dependency:

Benefits for mental or nervous conditions shall conform to the requirements above (RSA 415:18-a) or alternatively with the basic health services requirements of the Health Maintenance Organization Act of 1973. If the HMO provides these alternative benefits, such benefits will not be subject to any deductible and the coinsurance required cannot exceed 20%.

A HMO must allow its subscribers 2 visits to a psychiatrist or other mental health care provider, within the organization's network, for diagnosis followed by up to 3 visits in each contract year without utilization review. Subsequent visits within the contract year may be subject to utilization review.

RSA 420-B: 8-b I

Coverage shall be provided for expenses arising from the treatment for chemical dependency, including alcoholism, up to a specified limit which may be defined in terms of a dollar amount or a maximum number of days or visits. Coverage shall include both an inpatient and outpatient benefit for detoxification and rehabilitation. (To be added effective 1/1/03)

RSA 420-B: 8-b III

Services rendered at a community mental health center or psychiatric residential program:

Each insurer of group or blanket accident or health insurance policies providing benefits for medical or hospital expenses shall provide to policy holders who are residents of the State of New Hampshire and whose principal place of employment is in this state, benefits for services rendered at a community mental health center or psychiatric residential program approved by the department of health and human services. Those benefits shall be subject to the terms and conditions at least as favorable as those which apply to the treatment of other illnesses.

RSA 415:18-a III (b)

Coverage for dependant who is mentally or physically incapable of earning his own living:

Every policy that includes coverage for family members, shall continue coverage for an insured family member who is mentally or physically incapable of earning his own living on the date such dependant's status as a covered

family member would otherwise expire because of age. While the policy remains in force, or is replaced by another policy, it shall continue to cover the dependant as long as the incapacity continues and as long as said dependant remains chiefly financially dependant on the policyholder.

RSA 415:5 (3-a); RSA 415:18 V

OTHER

Coverage for dependant who is mentally or physically incapable of earning his own living:

Every policy that includes coverage for family members, shall continue coverage for an insured family member who is mentally or physically incapable of earning his own living on the date such dependant's status as a covered family member would otherwise expire because of age. While the policy remains in force, or is replaced by another policy, it shall continue to cover the dependant as long as the incapacity continues and as long as said dependant remains chiefly financially dependant on the policyholder.

RSA 415:5 (3-a); RSA 415:18 V (also listed under Mental Health)

Nonprescription Enteral formulas:

Any policy of accident or health insurance providing benefits for medical or hospital expenses, shall provide to policy holders who are residents of this state, coverage for the provision of:

1. Nonprescription enteral formulas for the treatment of impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract.

2. Nonprescription enteral formulas and food products required for persons with inherited diseases of amino acids and organic acids. Such coverage for inherited diseases of amino acids and organic acids shall, in addition to the enteral formula, include food products modified to be low protein in an amount not to exceed $1,800 annually for any insured individual.

RSA 415:6-c, RSA 415:18-e, RSA 420-A: 17, RSA 420-B: 8-ff

Scalp Hair prostheses:

Each insurer that issues or renews any group or blanket accident, health service corporation or health insurance providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide coverage for other prostheses, shall provide to policy holders who are residents of this state and whose principal place of employment is in this state, coverage for expenses for scalp hair prostheses. Coverage applies to hair prostheses worn for hair loss suffered as a result of alopecia areta, alopecia totalis, alopecia medicamentosa resulting from the treatment of any form of cancer or leukemia, or permanent loss of scalp hair due to injury. This coverage is subject to a written recommendation by the treating physician stating that the hair prosthesis is a medical necessity. Such coverage shall be subject to the same limitations and guidelines as other prostheses, provided, that such coverage for alopecia medicamentosa shall not exceed $350 per year.

RSA 415:18-d, RSA 420-A: 14, RSA 420-B: 8-f

Services performed by chiropractic, osteopathy, podiatry, optometry, or advanced registered nurse practitioner:

Any policy that provides for reimbursement for any service which may be legally performed a person licensed in this state for the practice chiropractic, osteopathy, podiatry, optometry, or advanced registered nurse practitioner, reimbursement shall not be denied when such service is rendered by a person so licensed.

RSA 415:5 (8); RSA 415:18 VI

Artificial Limb Coverage

Each insurer that issues or renews any individual, group, blanket accident, or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance who are residents of this state, coverage for the provision of benefits for prosthetic devices under the same terms and conditions that apply to other durable medical equipment covered under the policy, except as otherwise provided in this section.

"Prosthetic device" means an artificial limb device to replace, in whole or in part, an arm or leg.

An insurer shall not impose any annual or lifetime dollar maximum on coverage for prosthetic devices other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.

An insurer shall not apply amounts paid for prosthetic devices to any annual or lifetime dollar maximum applicable to other durable medical equipment covered under the policy other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.

Effective January 1, 2004
RSA 415:6-j, RSA 415:18-n

Treatment of breast cancer by Autologous Bone Marrow Transplants:

All policies that provide benefits for medical and hospital expenses to residents and employees of this State shall cover expenses for the treatment of breast cancer by autologous bone marrow transplants according to protocols reviewed and approved by the National Cancer Institute.

RSA 415:18-c, RSA 420-A: 13, RSA 420-B: 8-e (also listed under Women's Health Care)

Chiropractic Care:

Managed care health care plans offering chiropractic benefits shall provide benefits to a covered person who utilizes services of a chiropractic provider (doctor of chiropractic) by self-referral for 12 visits. After 12 self-referral visits, a covered person who is continuing chiropractic care may be subject to utilization review from the health plan for the purpose continued care.

RSA 420-J: 6-b

PRESCRIPTION DRUGS

Off label prescription drugs:

Policies that include coverage for prescription drugs shall not exclude coverage for any drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment in one of the standard reference compendia or in the medical literature as recommended by the current American Medical Association (AMA) policies. Any coverage of a drug required by this section shall also include medically necessary services associated with the administration of the drug.

RSA 415:6-g, RSA 415:18-j

Prescription Contraceptives:

Each insurer that issues or renews any group or blanket accident or health insurance policies that provide for a prescription rider shall cover all prescription contraceptive drugs and prescription contraceptive devices approved by the U.S. Food and Drug Administration under the same terms and conditions as other prescription drugs.

RSA 415:18-i, RSA 420-A: 17-c, RSA 420-B: 8-gg (also listed under Women's Health)

Diabetes treatments:

Any individual or group policy or contract that provides benefits for medical or hospital expenses which provides a prescription rider, shall cover medically appropriate or necessary insulin, oral agents and equipment used to treat diabetes subject to the terms and conditions of the policy.

RSA 415:6-e, RSA 415:18-f, RSA 420-A: 17-a, RSA 420-B: 8-k (also listed under Diabetes)

WOMEN'S HEALTH CARE

Maternity Rider:

A health insurance policy that provides hospital, medical-surgical or major medical benefits, will provide the option for a maternity benefits rider if maternity care is not covered under the policy. This provision does not apply to supplemental health insurance and disability insurance policies.

RSA 415:6-d, RSA 415:18 I(s), RSA 420-A: 9 III, RSA 420-B: 8 IIIa

Pregnancy, delivery and postpartum coverage:

Each health insurance policy that provides maternity benefits for hospital expense, medical surgical expense, or major medical expense shall provide:

1. The length of hospital stay and number of postpartum visits shall be determined by the attending health care provider based on clinical information that demonstrates that the mother and infant are clinically stable based on nationally accepted guidelines. Any length of stay shorter than the current minimum nationally accepted guidelines for

perinatal care, shall be at the recommendation of the attending health care provider in consultation with the mother. If the hospital stay is shorter than the current minimum, then the insurer shall pay for at least 2 postpartum visits. During one such visit, the collection of an adequate sample from the newborn for screening for genetic and metabolic diseases shall take place in accordance with RSA 132 and applicable rules.

2. Upon notification of the pregnancy to the insurer, the insure shall inform the pregnant woman in writing regarding the insurer's prenatal, maternity and postpartum benefits, including but not limited to prenatal visits, diagnostic tests, prenatal education, hospital length of stay, postpartum care, homemaker services and contraceptive counseling and referrals.

3. The insurer shall pay for medically necessary prenatal homemaker services when a woman is confined to bedrest or her activities of daily living are otherwise restricted on the recommendation of her attending health care provider who shall consult with the applicable case manager.

4. Postpartum visits shall include the physical assessment of the mother and infant, including but not limited to: infant nutrition and feeding, infant behavior, family interactions, safety and injury prevention, infant and maternal health promotion, and community resources. Providers of postpartum visits shall be licensed health care providers experienced in perinatal care.

5. The insurer shall pay for appropriate medically necessary postpartum homemaker services as determined by the attending health care provider who shall consult with the applicable case manager.

RSA 417-D: 2-a

Obstetrical-Gynecological Coverage:

Managed care health plans shall not require prior authorization by a person's primary care provider for coverage of the following services by participating providers who specialize in obstetrics and gynecology:

1. maternity care;

2. an annual gynecological visit and;

3. follow-up care for obstetrical or gynecological conditions identified during such maternity care or annual gynecological visit.

RSA 420-J: 6-a

Treatment of breast cancer by Autologous Bone Marrow Transplants:

Each insurer of group or blanket accident or health insurance policies that provide benefits for medical and hospital expenses to residents and employees of this state, shall cover expenses for the treatment of breast cancer by autologous bone marrow transplants according to protocols reviewed and approved by the National Cancer Institute.

RSA 415:18-c, RSA 420-A: 13, RSA 420-B: 8-e

Reconstruction surgery as a result of mastectomy surgery:

Every insurer that provides coverage for mastectomy surgery shall provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician.

RSA 417-D: 2-b

Mammography:

All policies of accident and health insurance providing benefits for hospital expense, medical-surgical expense, or major medical expense shall provide coverage for screening by low-dose mammography for all women 35 years or older for the presence of occult breast cancer within the provisions of the policy, contract or certificate. The coverage shall be as follows:

1. a baseline mammogram for women 35-39 years of age.

2. a mammogram every 1 to 2 years, even if symptoms are present, for women 40 to 49 years of age.

3. an annual mammogram for women 50 years of age or older.

RSA 417-D: 2

Contraceptive Services:

Each insurer that issues or renews any group or blanket accident or health insurance providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide coverage for outpatient contraceptive services under the same terms and conditions as for other outpatient services. "Outpatient contraceptive services" means consultations, examinations, and medical services provided on an outpatient basis and related to the use of contraceptive methods to prevent pregnancy that has been approved by the U.S. Food and Drug Administration.

RSA 415:18-i, RSA 420-A: 17-c, RSA 420-B: 8-gg

Prescription Contraceptives:

Each insurer that issues or renews any group or blanket accident or health insurance policies that provide for a prescription rider shall cover all prescription contraceptive drugs and prescription contraceptive devices approved by the U.S. Food and Drug Administration under the same terms and conditions as other prescription drugs.

RSA 415:18-i, RSA 420-A: 17-c, RSA 420-B: 8-gg (also listed under Prescription Drugs)

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